Department of Health and Human Services Administration for Children and Families Financial Assistance Award (FAA)

SAI NUMBER:

PMS DOCUMENT NUMBER: D4CH344742

1. AWARDING OFFICE:		·····	2. AS	SISTANCE TYPE:		1. AWARD NO.:	_	4. AMEND. NO.:
OA/OGM/Region IV				scretionary Gran		04CH3447/42		2
5. TYPE OF AWARD:	<u></u>	8. TYP	OF AC	TION;		7. AWARD AUT	HORITY	L
SERVICE		Sup	plemen	i t		42 USC 9801 E		,
8. BUDGET PERIOD:		9. PRO.	JECT PE	RIOD:	***************************************	10. CAT N		
	/31/2009	ı	NDEFIN	TE			9360	XO
11. RECIPIENT ORGANIZATION:					12. PF	COJECT / PROGR		
SHELBY COUNTY GOVERNMENT 160 North Main Street - Suice 850					PA-22			
MEMPHIS TN 38103	J		*.					
MS Dottle Jones, Executive Dire	ctor		٠.		ĺ			
		-						
19. COUNTY:	14. CONGR	. DIST-		15. PRINCIPAL IN	DEST			
SHELBY	09							RECTOR:
				Mik John Lo	ASISCE	, Head Start Dir	ector	
18. APPROVED BUDG	-			11	7. AWA	O COMPUTATION)N:	
	•	9,058	A. NO	N-FEDERAL SHAR	E	c	* ***	50 505
Fringe Benefits	\$ 3,35	2,145	•	DERAL SHARE			5,585,4	
Travel	\$ 7	7,300	D. FEL	/ERAL SHARE,	************	. \$	22,341,8	87 80,00 %
Equipment	S 11	0,000		18, FE	DERAL	SHARE COMPU	TATION:	
Supplies	5 65	1,147		TAL FEDERAL SHA OBLICATED BALAI				22,341,887
Contractual	_	0,899	4). SHARE AWARDS				**************************************
Facilities/Construction	ş.	0						22,341,887
Other	\$ 2,67	1,338	<u> </u>	OUNT AWARDED			\$	656,689
Direct Costs	22,34	1,887	PERUO	DERAL \$ AWARD! D:	ED THIS	PROJECT	s	
Indirect Costs	3	0	21, AUT	HORIZED TREAT	MENT C	F PROGRAM IN	COME:	
74 41 4	_	٠.		DITIONAL COSTS				
In Kind Contributions				PLICANT EIN:	23.	PAYEE EIN:	24. OB.	ECT CLASS:
Total Approved Budget(**) \$	22,34	1.887	1-620	845316-A1	1-52	0845316-A1	41	.51
	2	S. FINAN	CIAL IN	FORMATION:		DUNS: 140	231866	
	PPROPRIATI	ON	CANA	IO. #	NEW AN			ONFED %
OGM	7 5-9 -1536	:	2009 GO		\$656,6		IG. AL	.MFEU 76
Client Population: 3186.	_	1	26. REM.	ARKS: (Contin		eparate sheets)		
Number of Delegates: 4								
Paid by DHHS Payment Manag	ement syste	em (PMS	. see at		ent in	Formation		
This award is subject to the reamended (22 U.S.C. 7104).	equirements	of Sect	ion 106	(9) of the Traffic	cking vi	ctims Protection	in Act of	f 2000. as
For the full text of the award	term on to	httm://a	A1A1/ 20/	Shipe mandament				
				.miə.gov/grants/ \$ CFR Part 87.	raward_	term.ntml,		
A VEHECIS DIHA LEGIBLYII ZUNL	P 01 30000M	M M. M.	~*					
This action awards a cost of li-	virių adjustn	INT (CO	LAN INCT	ease of 3.06% in	the an	nount of S656,6	89	
	•							
. SIGNATURE - ACE GRANTS OFFI	CER	DAT	E. 20 -	SIGNATURE(S) CI				/ / -
Sames Colum		124		7777777		NG FUND AVAIL	ABILITY	lad
James Colvin			7	Many W. Jones	- 00	Jano	Ψ_{l}	27/2009
E SIGNATURE AND TITLE - PROGRA	M OFFICIAL	(5)		DATE:		//		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Marsha W. Eawrence, Regional P	Todram Mar	laner		6-25-07	•	•		
	- 43i dili midi	-aA⊈ı		G 70-67		•		

1.RECIPIENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES SAI NUMBER:

PMS DOCUMENT NUMBER:

PROTUCIAL ASSISTANCE AWARD				04CH344742		
OWOOM/Kegion IV		2. ASSISTANCE TYPE: Discretionary Gran		3. AWARD NO.: 04CH3447/62	4. AMEND. NO.	
SERVICE		OF ACTION: plement		7. AWARD AUTHORITY		
6. BUDGET PERIOD: 01/01/2009 THRU 12/31/2009	9. PROJECT PERIOD: THRU 12/31/2009			10. CAT NO.;		
11. RECIPIENT ORGANIZATION: SHELBY COUNTY GOVERNMENT			143 112003	33000		
		· · · · · · · · · · · · · · · · · · ·				

26. REMARKS: (Continued from previous page)

for the Head Start Program. These are permanent increases to your base funding.

2.GRANT FILE

Department of Health and Human Services Administration for Children and Families Financial Assistance Award (FAA)

SAI NUMBER:

PMS DOCUMENT NUMBER: 04SE344701

1. AWARDING OFFICE: OA/OCM/Region IV			2. AS	BISTANCE TYPE:	1	J. AW	ARD NO.:		4 44==	ND. NO.;
			Di	cretionary cran	t		E3447/01		A. AME	IND. NQ.;
5. TYPE OF AWARD: SERVICE	ð,	TYPE New	OF AC	TION:	<u> </u>	7. A	WARD AUT			
8. BUDGET PERIOD:	9.		ECT PE	PIOD.		Am	erican Rec	Overy a	nd Reir	vestment
07/01/2009 THRU 09	/30/2010		/01/20				10. CAT N	o.:		
11. RECIPIENT ORGANIZATION:			14 1120	23 INKU U	9/30/20			9370		
SHELBY COUNTY GOVERNMENT Shelby County Head Start 160 North Main Street, STE 801 MEMPHIS TN 38103 Dottle Jones, Division Director			٠		Head	Start 2	T/PROGR 2009 ARRA (nt Funding	COLA Du		_
13. COUNTY:	14. CONGR. DIS	17.		45 Objects						
			·	15. PRINCIPAL IN John & Love					ECTO	₹:
16. APPROVED SUDG		1								
Personnel	\$ 700,6	05		·			MPUTATIO	N;		
Fringe Benefits	S 10,1	1		N-FEDERAL SHARE				399,73	38	20.00 %
Travel		١	B. FED	ERAL SHARE		\$		1,598,95	50	80.00 %
Equipment	\$	0		16. FE	DERAL	SHAR	E COMPUT	ATION:		
Supplies	299,6	82	B. UNC	AL FEDERAL SHAI DELIGATED BALAN	RE	nedai		S		1,598,950
Contractual				SHARE AWARDE						1.598,950
Facilities/Construction	3	\wedge		OUNT AWARDED				-		
Other <		າດ ⊢		ERAL \$ AWARDE				\$		1,598,950
Direct Costs	.,,	50 L	PERIO):				s		1,598,950
Indirect Costs S	,	0 2	H. AUT	HORIZED TREAT!	MENT	OF PRO	GRAM INC	OME;		
in Kind Contributions			22. APP	LICANT EIN:	23	PAYER	EIN.	24, OBJ		
Total Approved Budget(**) \$	1,598,95	ı	:	XXX41-A4	•	600084		41.		.A88:
	25. FI	NANC)	AL INF	ORMATION:	<u> </u>	DI	JNS: 1402	31866		
ORGN DOCUMENT NO. AI	PPROPRIATION 75-9/0-1537		CAN N 09 GQ4		EW AN	AT.	UNOBLIC		NFED 9	6 .
Paid by DHHS Payment Manag This award is subject to the re you based on your recipient type and th This includes requirements in the HHS CPS. Although consistent with the Part 7a or 92, directly apply to this aw This award is subject to the re amended (22 U.S.C. 7104).	e purpose of thi Parts I and II (ava HHS GPS, any app	PMS), s the HH s awa liable plicab	rd. e at hti le stat	RKS: (Continuated for payments Policy Statem DE://www.hhs.go utory or regulat	ent in lent (i- lent (i- v/grar	separati forms (HS CP ntsnet/	s) that are adminis/g; nents, incl	od/Indeo uding 4!	k.htm) 5 CFR	
P. SIGNATURE - ACE GRANTS OFFIC	·0¢0	ووهدوار	لغضميت	les novincentein	innel.	Acress.	A DAMA I			<u> </u>
James Colum	6/2	DATE:	28 G	Mary CE	W	NG FU	DAVAILA	HILITY		
SIGNATURE AND TITLE - PROGRA		·	 	Mary W. Jones		_//			24	2009
Marsha W. Lawrence, Regional Pr	, ,		• • •	DATE: Y	1	•			-	
CCM-3-785 (Rev. 86)	2. 2	·		6.45-09						

1.RECIPIENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES FINANCIAL ASSISTANCE ALLE

SAI NUMBER-

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE	POIO LWIACE V				04SE344701			
OA/OGM/Region IV	•			2. ASSISTANCE T Discretionary		3. AWARD		4. AMEND. NO.
SERVICE			6. TYPE (OF ACTION:	Oran [DAUTHORN	
8. BUDGET PERIOD: 07/01/2009 THRU 09/30/2010		9 PROJECT PERIOD: 07/01/2009 THRU 09/30/2010			American Recovery and Reins 10. CAT NO.:			
11. RECIPIENT ORGAN SHELBY COUNTY G					03/30/2010		93708	

26. REMARKS: (Continued from previous page)

This grant is subject to the requirements as set forth in 45 CFR Part 87. This grant is subject to the requirements set forth in 45 CFR part 74 (for non-profit organizations and educational institutions) or 45 CFR Part 92 (for state, local, and federally recognized tribal governments). initial expenditure of funds by the grantee constitutes acceptance of this award. No future support is anticipated.(**) Reflects only federal snare of approved budget,

This award is also subject to the Requirements of the attached (Attachment 1) standard Terms and Conditions American Recovery and Reinvestment Act of 2009 Division A Funds.

This grant awards funds made available to the Head Start program under the American Recovery and Reinvestment Act. Head Start Funds are awarded under CAN No. 2009 CO4R022.

This action awards a cost-of-living adjustment (COLA) increase of 1.84% \$394,872 for the Head Start Program. These funds must be obligated to pay for staff salaries, fringes, or increased operating costs over the 12-month period following the effective date of tris grant or within the 12 months after staff return to work in the summer/fall of 2009.

This action also awards quality improvement funds of \$1,204,078 for the Head Start Program. These funds are available for obligation over the entire project period of the grant, which ends September 30, 2010.